

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

MS: Patent Application
COMMISSIONER FOR PATENTS
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is the application of:

INVENTORS: Schlueter et al.

FOR: Ophthalmic and Otorhinolaryngological Device Materials

Enclosed are:

- | | |
|--------------|--|
| _____ | _____ Sheet(s) of drawing |
| <u> X </u> | An Assignment to: Alcon, Inc. |
| <u> X </u> | Information Disclosure Statement and PTO Form 1449 with fourteen (14) references |
| <u> X </u> | Declaration and Power of Attorney |

The filing fee has been calculated as shown below:

CLAIMS	(1) FOR	(2) NUMBER	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS	13- 20 =	0	x 18.00=	\$0.00
XXXXXX XXXXXX XXXXXX XXXXXX	INDEPENDENT CLAIMS	2 - 3 =	0	x 84.00=	\$0.00
XXXXXX XXXXXX	MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+280.00=	\$0.00
XXXXXX XXXXXX	Assignment			40.00=	\$ 40.00
XXXXXX XXXXXX	XX XX XXXX			BASIC FEE	+ \$750.00
XXXXXX XXXXXX	XX XX XX			TOTAL OF ABOVE CALCULATIONS	\$790.00

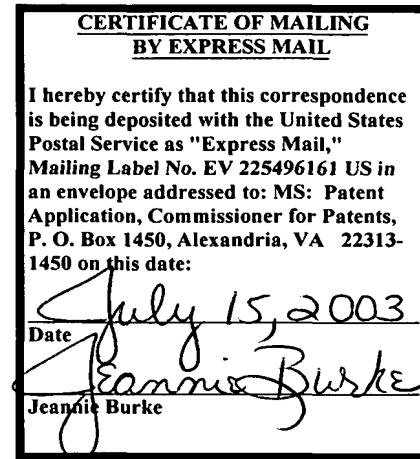
XXX This application is based in whole or in part on a provisional application, U.S. Patent Application Serial No., 60/396,201 filed July 16, 2002, and priority is hereby claimed therefrom.

XXX The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit overpayment to Deposit Account No. 501051. A duplicate copy of this transmittal letter is attached.

All filing fees required under 37 CFR Sec. 1.16
Any patent application processing fees under 37 CFR Sec. 1.17

XXX The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 501051. A duplicate copy of this transmittal letter is attached.

Any patent application processing fees under 37 CFR Sec. 1.17.
Any filing fees under 37 CFR Sec. 1.16 for presentation of extra claims.



Respectfully submitted,

ALCON

Date: 7/15/03

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